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State/Territory Name: **New Jersey** / Region II

State Plan Amendment (SPA) #: **NJ-17-0001**

- 1) Approval Letter
- 2) CMS 179 (with pen/ink authorizations)
- 3) Approved 4.19B Page (Attachment 4.19B, Page 36)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, NY 10278



NEW YORK REGIONAL OPERATIONS GROUP

DMCHO: ZYM: SPA-NJ-17-0001-Approval Letter

August 20, 2019

Jennifer Jacobs
Medicaid Director of Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 17-0001

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 17-0001, which was submitted to the New York Regional Operations Group on March 31, 2017. This amendment authorizes a rate update to the 2017 Medicaid Fee Schedule.

Based on the information provided, SPA 17-0001 was approved on August 20, 2019. The effective date of this amendment is January 1, 2017. We are enclosing the approved CMS-179 and the plan page.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,



Nicole McKnight
Acting Deputy Director
New York Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0001 MA	2. STATE New Jersey
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2017

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

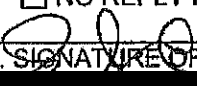
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S. C. 1396a(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ (expected to be minimal, final calculations pending) b. FFY 2018 \$ (expected to be minimal, final calculations pending)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 36 Attachment 4.19-B Page 36a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B Page 36 Attachment 4.19-B Page 36a
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10. SUBJECT OF AMENDMENT:
2017 Fee Schedule

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
 Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Meghan Davey, Director Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712
13. TYPED NAME: Elizabeth Connolly	
14. TITLE: Acting Commissioner, Department of Human Services	
15. DATE SUBMITTED: 3/31/17	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: AUGUST 20, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: NICOLE McKNIGHT	22. TITLE: Acting Deputy Director New York Regional Operations Group
23. REMARKS:	

Pen/Ink Remarks provided by Yvette Moore

Pen/Ink Authorizations: Box 7a - FFY 2017 \$1,600,000 ; Box 7b - FFY 2018 \$545,000
Box 8 - Remove Attachment 4.19B, Page 36a ; Box 9 - Remove Attachment 4.19B, Page 36a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2017 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Medicaid Fee Schedules:**
 - **Location: Procedure Master Listing – Medicaid Fee for Service - CY 2017**
 - **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.
- **Children's Rates: (excluding Special Education Medicaid Initiative (SEMI)) (last updated in SPA 16-0003)**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing – Children's Rates – CY 2016**
 - **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.
- **Outpatient Laboratory Billing Only: (last updated in SPA 16-0003)**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2016**
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

TN: 17-0001 <u>MA (NJ)</u>	Approval Date:	<u>08/20/2019</u>
SUPERCEDES: 16-0003	Effective Date:	<u>01/01/2017</u>

17-0001 MA (NJ)